



California State Athletic Commission

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Sacramento, CA 95825

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**PRE-BOUT MEDICAL QUESTIONNAIRE**

This questionnaire needs to be completed in full. Only the licensed Commission Physician evaluating the contestant may assist the contestant in completing this questionnaire.

Attention Physician:

All available licensing medical examinations and competition history are in the Event Package. At a minimum the medical examinations available to you there are the MRI Diagnostic Report, Physical Examination, EKG Report, Neurological Examination, Ophthalmologic Examination and lab work. Please consult with the Event Supervisor if you need any additional information or if there is information missing.

If any condition is disclosed in this questionnaire, you shall immediately inform the Commission Representative and unless a clearance is received from the contestant's attending physician in consultation with you or a Commission approved physician, the contestant will not be allowed to compete.

You must be able to determine that the specific condition and or matter in question does not affect the contestant's ability to perform or present a potential threat to the contestant's health as a result of competing in the contest or match.

Contestant's Name: _____

Personal physician contact information:

Name: _____ Telephone number: _____

When was your last bout, and what was the result of the bout? _____

How much did you weigh when you began training for this bout? _____ Two weeks ago? _____

Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), or any kind of loss of consciousness in the last twelve (12) months during a bout, sparring or in any other activity? ☐ YES ☐ NO If yes, please list and give dates and details: _____

Have you ever had any broken bones or arthritis? ☐ YES ☐ NO If yes, please give date and the details: _____

Have you ever suffered any eye injury or had any eye problems? ☐ YES ☐ NO If yes, please list and give dates and details: _____

Have you ever had any hearing problems? ☐ YES ☐ NO If yes, please give date and the details: _____

Have you ever had a neuromuscular condition, including peripheral nerves, muscle or brain problems? ☐ YES ☐ NO If yes, please give date and details: _____

Have you ever had any heart or cardiovascular condition? ☐ YES ☐ NO If yes, please give date and details: _____

Have you ever had any pulmonary or respiratory condition including asthma? ☐ YES ☐ NO If yes, please give details: _____

PRE-BOUT MEDICAL QUESTIONNAIRE

Applicant Name: _____

Have you ever had any renal or urological condition? ☐ **YES** ☐ **NO** If yes, please give date and details: _____

Have you ever had a hematological condition or any unusual bleeding or bruising problems? ☐ **YES** ☐ **NO** If yes, please give date and details: _____

Do you have any conditions of which you are aware of such as:

Any surgical procedure? ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Any serious illness, disease or allergy from either food or medicine? ☐ **YES** ☐ **NO** If yes, please give date and details: _____

Any lacerations (cuts) requiring sutures in the last 90 days? ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

To your knowledge have you taken any of the following:

Any medication or drug either over the counter or prescribed ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Any medication, drug or vitamin supplement to help you loose weight for this bout ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Any vitamin or nutritional supplement ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Have you undergone any of the following medical examinations:

MRI or CT scan of the brain? (Brain imaging scan)? ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

EEG (Test that measures electrical activity in the brain)? ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

EKG (Test that measures electrical activity of the heart)? ☐ **YES** ☐ **NO** If yes, please give date and details: _____

I, _____,

PRINT NAME

/

SIGNATURE

the CONTESTANT, declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I, _____,

PRINT NAME

/

SIGNATURE

assisted the Contestant in completing this form and declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:

NAME (print)

SIGNATURE

DATE:

TIME: